

Compensation of Hospital Employees

Calendar Year: 2013 Entity Name: Kittitas Valley Healthcare								
(A) Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non- Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 Nurick, Paul	Yes		232,991	0	0	24,171	20,482	277,643
2 Allgood, Elizabeth	No		169,954	0	0	2,689	14,054	186,697
3 Holden, Rhonda	No		138,624	0	0	9,961	13,086	161,672
4 Danko, Barry	No		130,052	0	0	9,154	13,043	152,249
5 Bambrick, Catherine	No		130,397	0	0	9,128	8,616	148,141
6 Roberts, James	No		89,297	0	0	6,808	19,334	115,439
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Center for Health Statistics/Hospital and Patient Data Section

MS: 47814

Olympia, WA 98504-7814

Fax: (360) 753-4135

email: hos@doh.wa.gov